

2020 WSDLA Virtual Roundtable Retreat Friday, October 30, 2020



Join us online in Zoom for the WSDLA 2020 Roundtable on Friday October 30, 2020

Schedule of Events:

- | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:00 a.m. – 9:15 a.m. | Welcome |
| 9:15 a.m. – 10:15 a.m. | WA State Lab Owner Panel
featuring panelists from Washington State Dental Laboratories
Moderated by Megan Nakanishi
Discussion items include: How our labs have survived during the pandemic,
Tips and tricks on how to improve services and employee relations during these
trying times
1 hour professional development, approved by NBC |
| 10:15 a.m. – 11:15 a.m. | WA State Dental Laboratory Registration Update
Speakers: Matt Chapman, CDT and Megan Nakanishi
Discussion of the new law signed in April 2019 that created a dental laboratory
registry within the Department of Health.
Where we are, next steps, how to comply
1 hour regulatory standards, approved by NBC |
| 11:15 a.m. – 11:30 a.m. | Questions from participants and Wrap Up |

This event is free for all persons that registered for the 2020 NW Dental Lab Forum and has been transferred to the 2021 NW Dental Lab Forum and WSDLA current members.

There is a minimal cost for all other registrants. You must register with the form below to participate.



2020 Virtual Roundtable

Friday, October 30, 2020

Attendee Registration Form

Please print legibly.

Name: _____ Credentials: _____ CDT #: _____

Additional Registrants from Same Company:

Name: _____ Credentials: _____ CDT #: _____

Name: _____ Credentials: _____ CDT #: _____

Name: _____ Credentials: _____ CDT #: _____

Company/Lab: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

REGISTRATION FEES:

	NW Lab Forum Registrant or WSDLA Member Rate	Non Member Rate	TOTAL
Full Registration <i>(Includes all events).</i>	FREE	\$50.00	\$ _____

PAYMENT INFORMATION:

Check enclosed. Check #: _____ *(Please make checks payable to WSDLA.)*

Credit Card: Visa MasterCard American Express

Credit Card#: _____ Exp. Date: _____

CVV#: _____ *(Vi/MC users: 3 digit number on back of card. Amex users: 4 digit number on front of card.)*

Name on Card: _____

Billing Address: _____

Authorized Signature: _____

RETURN TO WSDLA AT WSDLA@EXECUTIVEOFFICE.ORG , FAX 850-222-3019

MAIL TO WSDLA, 325 JOHN KNOX RD L103, TALLAHASSEE FL 32303